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CONFIRMATION NO. 7946

SERIAL NUMBER 10/098,605	FILING DATE 03/14/2002 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. PARM-01137	
APPLICANTS Kim Parmater, Minnetonka, MN; ** CONTINUING DATA ***** <i>none for</i> ** FOREIGN APPLICATIONS ***** <i>none for</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** <i>none for</i> SMALL ENTITY ** ** 04/18/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>allowance</i> Examiner's Signature <i>Parmater</i> Initials <i>JP</i>		STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS Kim Parmater 19091 Ashcroft Circle Minnetonka, MN 55345					
TITLE Multifunction exercise device					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
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TITLE Multifunction exercise device				
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